

2019 ESC Guidelines: Management von Patienten mit supraventrikulären Tachykardien

Donnerstag, 29. November 2019



Referent: Prof. Christian Sticherling

»What to do« and «What not to do messages» (Beispiele)

Recommendations for the therapy SVT in pregnancy

Catheter ablation is recommended in symptomatic women with recurrent SVT who plan to become pregnant.	I	C
Acute therapy		
Immediate electrical cardioversion is recommended for any tachycardia with haemodynamic instability.	I	C
Vagal manoeuvres and, if these fail, adenosine are recommended for acute conversion of SVT.	I	C
Chronic therapy		
During the first trimester of pregnancy it is recommended to avoid all antiarrhythmic drugs, if possible.	I	C

Recommendations for the therapy of MRATs

Acute therapy

Propafenone and flecainide are not recommended for conversion to sinus rhythm.	III	B
--	-----	---

Recommendations for the therapy of AVRT due to manifest or concealed APs

Chronic therapy

Digoxin, beta-blockers, diltiazem, verapamil, and amiodarone are not recommended and are potentially harmful in patients with pre-excited AF.	III	B
---	-----	---

Recommendations for the acute therapy of pre-excited AF

Haemodynamically stable patients

Amiodarone (i.v.) is not recommended.	III	B
---------------------------------------	-----	---